MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10725

Reg. Dist. No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Montgo
City or town Colesville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Colesville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. R.F.D. Silver Spring, Md.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Laura E. Adams.

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	Colored	married

6 (b) Name of husband or wife Charles E. Adams
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 30. 1877

8. AGE:

Years	Months	Days	If less than one day
63	5	24	____ hrs. ____ min.

9. Birthplace Fairland, Md.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name David Jackson
13. Birthplace Colesville, Md
MOTHER 14. Maiden name Mary E. Kelly
15. Birthplace Colesville, Md.
16. Informant Charles E. Adams
Address 246 - Colesville Md.
17. Buried Date thereof Oct. 26 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Good Hope
Location Colesville, Md.
18. Funeral director Robert L. Snowden
Address 246-N. Wash. St. Rockville
19. Oct 25 1940 Sallie E. Linthicum Md
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 24 1940 at 12:10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 17 1933 to October 24 1940 and that I last saw her alive on 10-18-1940

Immediate cause of death	DURATION
Coronary Thrombosis	
Hypertension	
Due to Raynaud's Disease	
Due to Arthritis Chronic	
Other conditions Cataract	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Webley Jewell M.D.
M. D. or other
Address Norbeck Md Date signed 10-24-40

RECEIVED
NOV 7 1940
BUREAU V. S.

VS A15 (T) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

10726

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:

County Montgomery

City or town Chevy Chase Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 18 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Chevy Chase Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 419 Raymond Street

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Frank Atkinson

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Nellie Poole Atkinson

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 73 Months Days If less than one day hrs. min.

9. Birthplace Nova Scotia, Canada (Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business

FATHER 12. Name Jeremiah Brenner Atkinson

13. Birthplace ✓ wile

MOTHER 14. Maiden name Rosanna Smith

15. Birthplace ✓ wile.

16. Informant Mrs. Herbert Insley

Address 6710 Meadow Lane, Chevy Chase, Md.

17. Cremation (Burial, cremation, or removal. Which?) Date thereof Oct. 8, 1940 (month) (day) (year)

Cemetery or crematory Cedar Hill Crematory

Location Suitland, Maryland

18. Funeral director Wm. Reubert Pumphrey

Address 7005 Wis. Ave. Bethesda Md

19. Oct 8th 1940 (Date rec'd by registrar) B. C. Perry, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 8 1940, at 10 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Coroner Case 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death Coronary occlusion

Due to arterio Sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C E Hawks Deputy Med Ext Mont Co. Md. M.D. or other

Address Rockville Md Date signed 10/8/40

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NOV 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (S)

10727

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:

County Montgomery

City or town Olney, Maryland

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: The Montgomery County General Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Ednor - Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Barks. Twin #1

3. (b) Social Security Number

4. Sex: Male

5. Color or race: Col-

6. (a) Single, married, widowed, or divorced

D (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): October 15, 1940

8. AGE: Years | Months — | Days — | If less than one day ___ hrs. ___ min.

9. Birthplace Olney, Montg. Co. Maryland (Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER 12. Name Howard Thomas

13. Birthplace Montg. Co. Maryland

MOTHER 14. Maiden name Blanche C. Barks

15. Birthplace Ednor Montg. Co. Maryland

16. Informant Hospital records.

Address

17. Cremation (Burial, cremation, or removal. Which?) Date thereof Oct. 15, 1940 (month) (day) (year)

Cemetery or crematory The Montg. Co. Gen'l Hosp

Location Olney, Md.

18. Funeral director Hospital

Address Olney, Md.

19. Oct 15 1940 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 15, 1940 Still born at 10:45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Still-born 19 to 19,

and that I last saw h alive on 19.

	DURATION
Immediate cause of death: Still-born	
Due to: Premature 5 mts	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. M. D.

M. D. or other

Address Sandy Spring, Md. Date signed 10/15/40.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
NOV 6 1940
U. S.

10728

Twin #2.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:

County Montgomery

City or town Olney, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: The Montgomery County General Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Ednor Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Barks Twin #2

3. (b) Social Security Number

4. Sex: Male

5. Color or race: Col

6. (a) Single, married, widowed, or divorced: —

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) October 15, 1940

8. AGE: Years — Months — Days — If less than one day — hrs. — min.

9. Birthplace Olney, Montgomery Co, Maryland
(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Howard Thomas
13. Birthplace Montg. Co. Md.

MOTHER
14. Maiden name Blanche C. Barks
15. Birthplace Ednor, Md.

16. Informant Hospital records.

Address

17. Cremation (Burial, cremation, or removal. Which?) Date thereof Oct 16, 1940 (month) (day) (year)

Cemetery or crematory The Montg. Co. Gen'l Hosp.

Location Olney, Md.

18. Funeral director Hospital

Address Olney, Md.

19. Oct 16 1940 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 15 1940, at 3:45 P.M. Still-born

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 —, to — 19 —, and that I last saw h alive on — 19 —.

Immediate cause of death Still-born

Premature 5 mts.

Due to

Due to —

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy — no —

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Sandy Spring, Md Date signed 10/16/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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NOV 6 1940
U. S.

10729

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:

County Montgomery

City or town Kensington

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Pa. County Bedford.

~~City or~~ town Six Mile Run Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Lewis R. Barnett

3. (b) Social Security Number 208-09-4799

4. Sex: Male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of ~~husband or~~ wife Ola Young Barnett

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 14, 1892

8. AGE: Years 48 | Months 4 | Days 6 | If less than one day ____ hrs. ____ min.

9. Birthplace Six Mile Run Bedford Co, Pa.

(Town, county, and state)

10. Usual occupation clerk

11. Industry or business grocery store

FATHER

12. Name Ralph Barnett

13. Birthplace Woomelsdorf Pa.

MOTHER

14. Maiden name Catherine McIntyre

15. Birthplace Pennsylvania

16. Informant Ola Young Barnett

Address Six Mile Run, Pa.

17. Removal (Burial, cremation, or removal. Which?) Date thereof Oct. 21. 1940 (month) (day) (year)

~~Cemetery or crematory~~

Location Saxton Pa.

18. Funeral director Warner Dunphrey

Address 8454 Ta ave. Silver Spring Md.

19. Oct. 21 1940 (Date rec'd by registrar) Sallie B. Leibig Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 20 1940, at 7:20 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Coroner Case 19 to 19

and that I last saw h alive on 19

Immediate cause of death Coronary occlusion

Due to arterio Sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy as above

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. E. Crawford Deputy Medical Ex of Montgomery M.D. or other

Address Rockville Md Date signed 10/20/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10730

Reg. Diat. No. 218

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County: Montgomery
City or town: Seneca, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 7 days
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Wash. D.C. County:
City or town:
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1334 - 4th St. N.W.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME Still birth (Beckwith)

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	col	single

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct - 30 - 1940 (Sept 30 '40 U.Omaha)

8. AGE: Years | Months | Days | If less than one day: hrs. min.

9. Birthplace: Seneca, Md
(Town, county, and state)

10. Usual occupation:
11. Industry or business:

FATHER
12. Name: Nathaniel Elmore
13. Birthplace: unknown

MOTHER
14. Maiden name: Mamie E. Beckwith
15. Birthplace: Seneca, Md

16. Informant: Mamie E. Beckwith
Address: 1334 - 4th St. N.W., Wash. D.C.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 10 (month) 2nd (day) 1940 (year)
Cemetery or crematory: Seneca Colored Church
Location: Seneca Md (Near Lower Rock)

18. Funeral director: Grand Hatter-Sandy Beckwith
Address: R.F.D. # 2 Germantown Md

19. 10-14 (Date rec'd by registrar) 1940 U.D. Towne M.D. Registrar
Dep.

MEDICAL CERTIFICATION

20. DATE OF DEATH: (Sept? Oct) Oct - 30 - 1940 at (?) M

21. I CERTIFY that death occurred on medical observation; that I attended deceased from Oct - 30 - 1940 to Oct - 30 - 1940 and that I last saw him alive on Sept 30 - 1940. Sept 30 - 1940 U.Omaha.

Immediate cause of death	DURATION
Ankylosis (premature birth)	
Due to:	
Due to: Unknown	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: W. C. Miller, M.D.
M. D. or other
Address: Gaithersburg Md Date signed: 9/30/40

RECEIVED
NOV 6 1940
NOV 6 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (12-a)

CERTIFICATE OF DEATH

10731

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Montgomery

City or town: Lone Oak Drive, Bethesda, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days): 7 Weeks

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mary Gertrude Bean

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: John C. Bean

Age unknown 6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): October 16, 1867

8. AGE:

Years	Months	Days	If less than one day
73	0	3	____ hrs. ____ min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Richard H. D. Ricketts
13. Birthplace: Maryland

MOTHER
14. Maiden name: Matilda Ricketts
15. Birthplace: Maryland

16. Informant: Mrs. Paul Matthias

Address: 5015 Saratoga Ave., Friendship Station, D.C.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 21, 1940 (month) (day) (year)

Cemetery or crematory: Forest Oak Cemetery

Location: Gaithersburg, Maryland.

18. Funeral director: Wm. Rauden Pamphrey

Address: Bethesda - Maryland

19. Oct. 19 1940 (Date rec'd by registrar) B. A. Berry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 19 1940, at 12:04 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 5 1935, to Oct 19 1940, and that I last saw h-er alive on Oct 18 1940.

Immediate cause of death	DURATION
Cerebral Hemorrhage	1 week
Due to Cardio vascular Renal Disease	5 years
Due to	
Other conditions Chronic Osteo arthritis	10 yrs.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: A. G. Gray M.D.
M. D. or other

Address: 1742 Newton St N.E. Washington D.C. Date signed: Oct. 19. '40

RECEIVED
NOV 4 1940
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-E)

10732

CERTIFICATE OF DEATH

Reg. Dist. No. 217

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County: Montgomery

City or town: Montgo. co. Gen Hospital

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Rockville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3.(a) FULL NAME: John Howard Bell

3.(b) Social Security Number: 218-05-2224

4. Sex: Male

5. Color or race: Col

6.(a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Pearl Bell

6(c) If alive, give age: 23 years

7. Birth date of deceased (mo., day, yr.): Nov. 16, 1912

8. AGE: Years: 28 Months: 11 Days: If less than one day: hrs. min.

9. Birthplace: Seneca, Md (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER 12. Name: John H. Bell

13. Birthplace: Sugarland, Md

MOTHER 14. Maiden name: Annie Russell

15. Birthplace: Seneca, Md

16. Informant: John H. Bell

Address: Quince Orchard, Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof: Nov. 1 1940 (month) (day) (year)

Cemetery or crematory: Sugarland

Location: Sugarland Md

18. Funeral director: Robert T. Snowden

Address: Rockville, Md

19. Oct. 29 1940 (Date rec'd by registrar) Gertrude B. Lane Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 28 1940, at 10:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 26 1940, and that I last saw h alive on Oct 28 1940

Immediate cause of death: Hemorrhage internal

Due to: Crushed, chest with fracture of lung

Due to:

Other conditions: Laceration of scalp

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of: 10/28/40

Where did injury occur? Halpine (City or town) Montgomery (County) Md (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Auto accident Injured at work? No

23. SIGNATURE: C. E. Hawks M.D.

Address: Rockville Md Official relation or other

Date signed: 10/28/40

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NOV 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10733

1. PLACE OF DEATH (467) CB

County Takoma Park, Md. Registration Dist. No. 223-

Village or City No. Washington Sanitarium St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Cecelia Blond If U.S. Veteran specify WAR .....

(a) Residence: No. 5612 First St NW St., Ward. (Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) June 17, 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House-wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. X

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Hyman Baderak

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Bella Latinsky

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hyman Blond (Address) 5408 - First Place NW

18. BURIAL, CREMATION, OR REMOVAL Place Oxon Hill, Md - Bnai Israel cemetery Date 10-4, 1940

19. UNDERTAKER B. Danzansky & Son (Address) 3501-04-Sou NW-Wash. D.C.

20. FILED Oct 3rd, 1940 J. Hohn Dodd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 3rd (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov., 1939, to Oct 3, 1940

I last saw her alive on Oct 2, 1940; death is said to have occurred on the date stated above, at 7:30 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of liver.	

Other Contributory Causes of Importance:

Name of operation — Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify .....

(Signed) Herbert Abramson M. D.

(Address) 1801 - Eye St. N.W.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10734

1. PLACE OF DEATH (M)

County Montgomery Registration Dist. No. 218

Village or City Gaithersburg Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Rodney Spurior Brandenburg

(a) Residence: No. Damascus Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 6 1924

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Student

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Damascus Md.

FATHER

13. NAME Claude F Brandenburg

14. BIRTHPLACE (city or town) (State or country) Damascus Md

MOTHER

15. MAIDEN NAME Mary Naomi Spurrier

16. BIRTHPLACE (city or town) (State or country) Mt Airy Md

17. INFORMANT (Address) Claude F Brandenburg Damascus

18. BURIAL, CREMATION, OR REMOVAL

Place Damascus Md Date Oct 8, 1940

19. UNDERTAKER (Address) J B Beall Inc Damascus Md

20. FILED Oct. 7, 1940 Alberda G. Cooke Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 6 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Coroner, to Case, 19

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at 3 15 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Hemorrhage into brain in right occipito parietal region

Date of onset

Other Contributory Causes of importance: Two inch Laceration on right occipito parietal region also numerous bruises over body

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10/6, 1948

Where did injury occur? Gaithersburg Md (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury In auto that hit parked truck

Nature of injury Hemorrhage into Brain

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C. E. Hawks Deputy Med M. D.

(Address) 2 Union Co Rockville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

10735

Reg. Dist. No. 216

1. PLACE OF DEATH:

County: Montgomery

City or town: Bethesda

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 5011 - Keystone Ave.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 1 year 4 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Bethesda. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Hilda Broms

3. (b) Social Security Number: no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed.

6 (b) Name of husband or wife: Ernest. B Broms

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 29, 1869

8. AGE:

Years	Months	Days	If less than one day
71	3	14	hrs. min.

9. Birthplace: Visby, Sweden (town, county, and state)

10. Usual occupation: Housewife.

11. Industry or business

FATHER — 12. Name: Unknown

FATHER — 13. Birthplace

MOTHER — 14. Maiden name: Catharina (?)

MOTHER — 15. Birthplace

16. Informant: Mrs. Alfred Jarchow - daughter

Address: 5011 Keystone Ave.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 15 1940 (month) (day) (year)

Cemetery or crematory: Chicago Ill.

Location:

18. Funeral director: S. H. Hines Co

Address: 2901 - 14th N.W.

19. 10-13 1940 (Date rec'd by registrar) B.C. Perry, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 13 1940, at 10:22 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June. 30 1940, to Oct. 13 1940, and that I last saw h- alive on Oct. 13 1940.

Immediate cause of death	DURATION
Coronary Thrombosis	8 mo.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Paul A. Daniel M. D. M. D. or other

Address: 2140 Penna. Ave. Wash. D.C. Date signed: 10-13-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48-A)

10736

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH

County: Montgomery

City or town: Sandy Springs
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Sandy Spring
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Sarah F. Brown

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Widowed

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept 15, 1904

8. AGE: Years 36 | Months 1 | Days 5 | If less than one day ..... hrs. ..... min.

9. Birthplace: Sandy Springs, Md.
(Town, county, and state)

10. Usual occupation: Gen. Housework

11. Industry or business

FATHER
12. Name: Singleton H. Bellows
13. Birthplace: Sandy Springs Md

MOTHER
14. Maiden name: Sarah A. Awkard
15. Birthplace: Sandy Springs, Md.

16. Informant: Walter Bellows
Address: Sandy Springs, Md

17. Buried
(Burial, cremation, or removal. Which?)
Date thereof: Oct. 30, 1940
(month) (day) (year)

Cemetery or crematory: Sandy Springs

Location: Sandy Springs, Md

18. Funeral director: Robt. L. Snowden
Address: 246 N. Wash., Rockville, Md

19. Oct. 29 1940 Gertrude B. Lawler
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 28 1940 at 5:00 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 18 1939 to October 28 1940 and that I last saw her alive on October 25 1940

Immediate cause of death	DURATION
Hemmorrhage Uterine	
Due to Epithelioma Cervix + Uterus	1 year known.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Xrayed only
Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: Webster Sewell M.D.
M. D. or other

Address: Norbeck Md. Date signed: 10-28-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 6 1940
U. S. V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (77-e) AP

10737

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
County Montgomery
City or town Silver Spring Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Cedarcroft Sanitarium
Stay in hospital or inst. (yrs., or mos., or days) 9 days
Stay in this community (yrs., or mos., or days) 9 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State D. C. County
City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 2616 Garfield St. N.W.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR World War I. 1917

3. (a) FULL NAME Edward Francis Burke

3. (b) Social Security Number none.

4. Sex: Male | 5. Color or race: White | 6.(a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife: Helen Burke

6(c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Nov. 10

8. AGE: Years 54 | Months | Days | If less than one day ____ hrs. ____ min.

9. Birthplace Chicago Ill.
(Town, county, and state)

10. Usual occupation Journalist

11. Industry or business

FATHER
12. Name Patrick Burke
13. Birthplace Ireland

MOTHER
14. Maiden name ?
15. Birthplace ?

16. Informant Mrs. B.W. Hamlin
Address 7647 Conn. Ave. Wash. D.C.

17. Removal (Burial, cremation, or removal. Which?) Date thereof 10-29-40 (month) (day) (year)

Cemetery or crematory
Location Washington D.C.

18. Funeral director W. W. Chambers Co.
Address 1400 Chapin St. N.W.

19. Oct. 29 1940 (Date rec'd by registrar) Sallie B. Leibig Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 29 1940, at 5:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 20 1940 to Oct. 29 1940, and that I last saw h[illegible] alive on Oct. 29 1940

Immediate cause of death	DURATION
Cerebral Oedema	9 days
Due to Alcoholism	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Richard B. Thibadeau M.D.
M. D. or other
Address 2012 R St. N.W. D.C. Date signed 10/29/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (161-C)

10738

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
County Montgomery
City or town Takoma Park
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 days
Hospital, institution, or street address where death occurred:
Washington Sanitarium Hospital
How long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Silver Spring
(If outside city or town limits, write RURAL and give nearest town)
Street No. 8104 Carroll Lane
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Clark, Unnamed

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	W	single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) October 11, 1940

8. AGE: Years | Months | Days: 3 | If less than one day: ..... hrs. ..... min.

9. Birthplace Takoma Park, Maryland (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Howard Warfield Clark
13. Birthplace Maryland

MOTHER
14. Maiden name Velma Katherine Lingle
15. Birthplace Upland, California

16. Informant Hospital Records
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10-15-40 (month) (day) (year)
Cemetery or crematory Oak Grove Cem.
Location Glenwood Rd

18. Funeral director J. C. Higinbotham
Address Ellicott City, Md.

19. Oct. 17 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 13, 1940, at 9:38 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10-11-1940 to 10-13-1940 and that I last saw h... alive on 10-13-1940

Immediate cause of death	DURATION
Respiratory Failure	6 hrs.
Due to Premature Birth	
Due to Pre-Eclampsia in Mother	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation NONE
Date of op.
Autopsy results Not Granted

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Norman C. Shoemaker M. D. or other
Address Silver Spring, Md. Date signed 10-14-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 4 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)

CERTIFICATE OF DEATH

10739

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Montgomery

City or town: Bethesda, Maryland Rt. # 3
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or insl. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Bethesda, Md. Rt. # 3 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Congressional Road, Bethesda District
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: (Stillborn) Cox

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	white	(Stillborn)

6 (b) Name of husband or wife: None

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): October 1, 1940

8. AGE:

Years	Months	Days	If less than one day
			(Stillborn) hrs. ____ min.

9. Birthplace: near Bethesda, Montgomery, Md
(Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER
12. Name: Woodson Lane Cox
13. Birthplace: Alleghany County, Virginia

MOTHER
14. Maiden name: Marie Thelma Fogus
15. Birthplace: Richwood, West Virginia

16. Informant: Mr. Woodson Lane Cox

Address: Bethesda, Maryland Rt. # 3

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 3, 1940 (month) (day) (year)

Cemetery or crematory:

Location: White Sulphur Springs, West Virginia

18. Funeral director: Mr. Reuben Humphreys

Address: 7005 Wis Ave Bethesda Md.

19. Oct 2nd 1940 (Date rec'd by registrar) B. G. Perry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 1 1940, at 9:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 1 (Stillborn) 1940 to October 1 1940, and that I last saw him alive on (Stillborn) October 1 1940.

Immediate cause of death	DURATION
(Stillborn)	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: J. V. Hartley, M.D. M. D. or other

Address: Rockville, Md. Date signed: Oct. 2, 1940

RECEIVED
NOV 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10740

Reg. Dist. No. 216

1. PLACE OF DEATH:

County: Montgomery

City or town: 7245 Wisconsin Ave., Bethesda, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 2 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Bethesda Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 7245 Wisconsin Avenue

(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Mrs. Mary Crow

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: George Crow

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): November 26, 1868

8. AGE:

Years	Months	Days	If less than one day
71	10	28	____ hrs. ____ min.

9. Birthplace: England (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER

12. Name: Patric Wybrant

13. Birthplace: England

MOTHER

14. Maiden name: Unknown

15. Birthplace: England

16. Informant: Miss Rose B. Crow

Address: 7245 Wisconsin Ave Bethesda, Md.

17. ____ (Burial, cremation, or removal. Which?) Date thereof: Oct. 26/40 (month) (day) (year)

Cemetery or crematory: St. Marys.

Location: Rockville Md

18. Funeral director: W. Reuben Pumphrey

Address: 7005 Wis Ave Bethesda Md

19. Oct 26 19 4 (Date rec'd by registrar) B.C. Perry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 24 1940, at 9:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1938 to Oct 24 1940, and that I last saw h[illegible] alive on Oct 17 1940.

Immediate cause of death	DURATION
Carcinoma of Breast.	2 Years
Due to	
Due to	
Other conditions Tuberculosis.	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Francis J. Shade Jr. M. D. or other

Address: 3323-0-St Date signed: Oct 24/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (121)

CERTIFICATE OF DEATH

10741

Reg. Dist. No. 222

1. PLACE OF DEATH:

County Montgomery

City or town Takoma Park Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 22 days

Hospital, institution, or street address where death occurred:
Washington Sanitarium and Hospital

How long in hospital or institution? 22 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Cabin John
(If outside city or town limits, write RURAL and give nearest town)

Street No. 5th Street
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Olive Elizabeth Davis

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 10, 1927

8. AGE: Years	Months	Days	If less than one day
13	5	27	____ hrs. ____ min.

9. Birthplace Washington, D.C.
(Town, county, and state)

10. Usual occupation Student

11. Industry or business Cabin John School

FATHER
12. Name Harry Theadore Davis
13. Birthplace ? Maryland

MOTHER
14. Maiden name Margaret Elizabeth Musgrove
15. Birthplace Edvor, Maryland

16. Informant Washington Sanitarium & Hosp. Records
Address Takoma Park, Maryland

17. Burial Date thereof Oct 10 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Methodist Church Cemetery
Location Potomac, Md.

18. Funeral director Wm Reuben Pumphrey
Address Bethesda Md.

19. Oct 8th 1940 J. Wm Dodd
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 7 1940 at 9:23 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Oct 1 1940 to Oct 7 1940.
and that I last saw her alive on Oct 7 1940.

Immediate cause of death	DURATION
Bronchial Pneumonia	one day
Due to Peritonitis	3 weeks.
Due to Appendicitis	3 weeks.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations Ruptured, Gangrenous appendix Date of op. Sept 16-1940

Autopsy? results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George M. Gehrke M.D.
M. D. or other

Address Takoma Park, Md. Date signed Oct 7-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
NOV 4 1940
U. S. DEPT. OF AGRICULTURE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

10742

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
County Montgomery
City or town R.7. D. Silver Spring Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town R.F.D. Silver Spring
(If outside city or town limits, write RURAL and give nearest town)
Street No. Four Corners
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Sallie Davis

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	widowed

6.(b) Name of husband or wife
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 23, 1870

8. AGE: Years	Months	Days	If less than one day
70	2	5	hrs. min.

9. Birthplace Charlottesville, Va. (Town, county, and state)
10. Usual occupation Gen. Housework
11. Industry or business
FATHER 12. Name Bernard Davis
13. Birthplace Va
MOTHER 14. Maiden name Sarah
15. Birthplace Va
16. Informant Daughter Sallie Davis
Address Silver Spring
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 1, 1940 (month) (day) (year)
Cemetery or crematory Linden
Location Linden, Md
18. Funeral director Robert L. Snowden
Address 266-N. Washington St. Rockville
19. Nov. 1 1940 (Date rec'd by registrar) Sallie B. Zentz Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 29 1940 at 2:00 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 3 1933 to Oct. 29 1940 and that I last saw her alive on October 28, 1940

Immediate cause of death	DURATION
Coronary Thrombosis	10-28-40
Due to Parkinson's Disease	1933
Due to Osteoarthritis	
Other conditions Laryngitis	10-20-40

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Webster Sewell M.D.
M. D. or other
Address Norbeck Md Date signed 10-30-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10743

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH:
County: Montgomery
City or town: Glenwood
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or Inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Montgomery
City or town: Near Derwood Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF YETERAN, NAME WAR

3. (a) FULL NAME: Margaret Louise Doane

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	single

8 (b) Name of husband or wife
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): June 5 1938

8. AGE:

Years	Months	Days	If less than one day
2	4	12	____ hrs. ____ min.

9. Birthplace: Virginia (Town, county, and state)
10. Usual occupation
11. Industry or business

FATHER
12. Name: Paul Doane
13. Birthplace: Virginia

MOTHER
14. Maiden name: Rebecca E. Gillespie
15. Birthplace: Virginia

16. Informant: Paul Doane
Address: Derwood, Md

17. (Burial, cremation, or removal. Which?) Burial Date thereof (month) Oct (day) 20 (year) 1940
Cemetery or crematory: Mt Carmel Cemetery
Location: Near Sandy Spring, Md

18. Funeral director: Warren E. Pumphrey
Address: Rockville Md

19. (Date rec'd by registrar) 10-19 1940 Faye Barnsley (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 17 1940, at 9:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 17 1940, to Oct 17 1940
and that I last saw her alive on Oct. 17 1940

Immediate cause of death	DURATION
Bronchial pneumonia	4 days
Due to Pertussis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Esther F. Kuhn M.D. (M. D. or other)
Address: Rockville, Md. Date signed Oct 17 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-c

CERTIFICATE OF DEATH

10744

Reg. Dist. No. 2 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Montgomery Co
City or town Darnestown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution:
R 7 D #3 Gaithersburg Md
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 26 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Montgomery Co.
City or town Darnestown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1 mile N.W. Route 28
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Julia L Driver

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	married

6 (b) Name of husband or wife Golden Driver

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Nov. 1914

8. AGE:

Years	Months	Days	If less than one day
26	11		____ hrs. ____ min.

9. Birthplace Seneca, Md
(Town, county, and state)

10. Usual occupation Gen. Housework.

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden name Martha Clipper
15. Birthplace Seneca, Md

16. Informant Cora Sues (Sister)
Address Dawsontown, Md

17. Buried Date thereof Oct. 23, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Seneca
Location Seneca, Md.

18. Funeral director Robert L. Snowden
Address 246 N. Woody St.

19. 10-22 1940 Faye Barnes
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 21 1940, at 2 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 19 to Oct 19,
and that I last saw h alive on 19,

	DURATION
Immediate cause of death Hemorrhage into brain	
Due to Fracture of Skull.	
Due to Laceration about eye	left
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes fill in the following:
Accident, suicide, or homicide Accident Date of 10/21/40
Where did injury occur? Clement Hill Montgomery Md
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Highway
Means of injury Auto accident Injured at work? No

23. SIGNATURE C. E. Hawkes Deputy Medical Examiner
M. D. or other
Address Rockville Md Date signed 10/24/40

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NOV 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

10745

Reg. Dist. No. 217

1. PLACE OF DEATH:

County Montgomery

City or town Olney, Maryland.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: The Montgomery County General Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Derwood Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Mt. Zion
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Dyson

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col.	Single

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) October 10, 1940

8. AGE: Years | Months | Days | If less than one day: 30 hrs. min.

9. Birthplace Olney, Maryland.
(Town, county and state)

10. Usual occupation Infant

11. Industry or business

FATHER 12. Name Gene Brown

13. Birthplace Virginia

MOTHER 14. Maiden name Hilda Dyson

15. Birthplace Charles Co. Md.

16. Informant Hospital records

Address

17. Cremation (Burial, cremation, or removal. Which?) Date thereof Oct. 11, 1940 (month) (day) (year)

Cemetery or crematory Ely Monty Co. Funeral Dirs.

Location Olney, Md.

18. Funeral director Ely Monty Co. Funeral Dirs.

Address Olney, Md.

19. Oct. 11 1940 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 10 1940, at 10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 10 1940, to October 10 1940, and that I last saw him alive on October 10 1940.

	DURATION
Immediate cause of death	
Due to	
Due to Premature	
Other conditions 5 mo.	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work? —

23. SIGNATURE [signature] M. D. or other

Address Sandy Spring, Md. Date signed 10/11/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 6 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (44)

CERTIFICATE OF DEATH

10746

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Montgomery

City or town Wheaton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Wheaton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Edwin Emory Ellett

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name ~~of husband or wife~~ Elizabeth E. Ellett

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Nov. 2, 1873

8. AGE: Years	Months	Days	If less than one day
67	11	2	____ hrs. ____ min.

9. Birthplace D. C.
(Town, county, and state)

10. Usual occupation Metal Tile Business

11. Industry or business

FATHER 12. Name Huntley Ellett.

13. Birthplace Va.

MOTHER 14. Maiden name Rosabelle R. Forrett

15. Birthplace Va.

16. Informant Mrs Elizabeth E. Ellett.

Address Wheaton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 5, 1940 (month) (day) (year)

Cemetery ~~or crematory~~ Glenwood

Location Washington, D. C.

18. Funeral director Warner & Purdy

Address Silver Spring, Md.

19. Oct. 4 1940 (Date rec'd by registrar) Sallie Liebig Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 3 1940, at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 10 1940, to Oct. 3 1940.

and that I last saw him alive on Oct 3, 1940 19—

Immediate cause of death	DURATION
Secondary Anaemia	One year
Due to Hodgkins Disease	Two years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. H. Howlett M. D.
M.D. or other

Address 928 Sligo Ave., Silver Spring, Md. Date signed Oct 4, 1940.

CEIVED
NOV 7 1940
V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

10747

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:

County: Montgomery

City or town: 8 Leland St., Chevy Chase, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 16 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Chevy Chase Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 206 E. Underwood Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Albert R. Ferrell

3. (b) Social Security Number: None

4. Sex: male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Martha Ferrell

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): February 6, 1862

8. AGE: Years 78 Months 8 Days 10 If less than one day ____ hrs. ____ min.

9. Birthplace: Pennsylvania
(Town, county, and state)

10. Usual occupation: Contractor

11. Industry or business

FATHER
12. Name: Dewitt Ferrell
13. Birthplace: Pennsylvania

MOTHER
14. Maiden name: Dolly Turner
15. Birthplace: Pennsylvania

16. Informant: Mrs. Martha Ferrell

Address: 206 E. Underwood St., Chevy Chase, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 18, 1940 (month) (day) (year)

Cemetery or crematory: Parkwood Cemetery

Location: Baltimore, Md.

18. Funeral director: Wm Reuben Pumphrey

Address: 7005 Wis Ave Bethesda Md

19. 10-17 1940 (Date rec'd by registrar) B. C. Perry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 16 1940, at 8 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Coroner 19__, to ____ 19__, and that I last saw h____ alive on Case 18__.

Immediate cause of death: Coronary occlusion

Due to: arterio sclerosis

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: C. E. Hawks Deputy Medical Examiner of Mont Co M. D. or other

Address: Rockville Md Date signed: 10/4/40

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NOV 4 1940
BUREAU V. S.

10748

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 276

1. PLACE OF DEATH:

County Montgomery

City or town Chevy Chase (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 9 yrs.

Hospital, institution, or street address where death occurred: 12 E. Woodbine St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Chevy Chase (If outside city or town limits, write RURAL and give nearest town)

Street No. 12 East Woodbine (If roral, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME MARGARET L. FERRITER

3. (b) Social Security Number

4. Sex F

5. Color or race W

6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife John Jos Ferriter

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 5, 1853

8. AGE: Years 87 Months 4 Days 18 If less than one day ..... hrs. ..... min.

9. Birthplace La Salle Ill. (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

FATHER 12. Name Patrick Kennedy

13. Birthplace Ireland

MOTHER 14. Maiden name Margaret Shea

15. Birthplace Ireland.

16. Informant Bernadine Ferriter

Address 12 E. Woodbine, Chevy Chase

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10-26-40 (month) (day) (year)

Cemetery or crematory Arlington Natl

Location Arlington Va.

18. Funeral director Jos Gawler's Sons

Address 1756 Va Ave NW Wash DC

19. Oct 23 1940 (Date rec'd by registrar) Thomas K. Conrad Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 23, 1940 at 3 p M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Jan. 1915 to Oct. 23 1940 and that I last saw h[illegible] alive on Oct. 23 1940.

Immediate cause of death Acute Myocarditis — DURATION 3 days

Due to

Due to

Other conditions Chronic Valvular Heart Disease — 5 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations ✓

Date of op. ✓

Autopsy results ✓

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: ✓

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ✓ Injured at work?

23. SIGNATURE Alfred C. Norcross M. D. or other

Address 1451 Somerset St. NW Washington D.C. Date signed Oct 23/40

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 4 1940

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (B1)

10749

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH:
County: Montgomery
City or town: Rural Mt Rockville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Falls Road - R.F.D. Rockville
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days): 30 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Montgomery
City or town: Rural Mt Rockville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Falls Rd - R F D Rockville
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: Clara Bliss Finley - M.D.
3. (b) Social Security Number: None

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widow
6. (b) Name of husband or wife: Henry J Finley
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): April 24 - 1852
8. AGE: Years 88 | Months 6 | Days 7 | If less than one day ____ hrs. ____ min.
9. Birthplace: Grand Rapids - Michigan
(Town, county, and state)
10. Usual occupation: House wife
11. Industry or business: Own home
FATHER
12. Name: Dr. D. W. Bliss
13. Birthplace: Osborne N.Y.
MOTHER
14. Maiden name: Sofia Prentice
15. Birthplace: Cleveland - Ohio
16. Informant: Miss Bliss Finley
Address: R F D Rockville Md
17. Burial (Burial, cremation, or removal, Which?) Date thereof: Nov 2/40 (month) (day) (year)
Cemetery or crematory: Rockville Union
Location: Mt. Rockville
19. Funeral director: Wm. Reuben Pumphrey
Address: 300 - West Montg Ave - Rockville
19. Oct 31 1940 (Date rec'd by registrar) Faye Barnsley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 31 1940, at 2A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 6 1940, to Oct. 31 1940, and that I last saw her alive on Oct. 31 1940.

Immediate cause of death	DURATION
Arteriosclerosis & chronic myocarditis	5 years
Due to	
Due to	
Other conditions: Senile dementia	1 yr.

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: Wm A. Finthieum M.D. M.D. or other
Address: Rockville, Md. Date signed: 10/31/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 6 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

10750

Reg. Diat. No. 216

1. PLACE OF DEATH:

County: Montgomery

City or town: 6308 Meadow Lane, Chevy Chase, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 Months

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Chevy Chase
(If outside city or town limits, write RURAL and give nearest town)

Street No. 6308 Meadow Lane
(If rural, give LOCATION)

2.(a) If veteran, name war: No

3.(a) FULL NAME: Mary Elizabeth Frick

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: John Frick

6.(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.): March 14, 1857

8. AGE: Years	Months	Days	If less than one day
83	7	13	..... hrs. ..... min.

9. Birthplace: Philadelphia, Pennsylvania
(Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER
12. Name: Worthington Frick
13. Birthplace: Pennsylvania

MOTHER
14. Maiden name: Mary M. Bowman
15. Birthplace: Pennsylvania

16. Informant: Carol Frick Talcott
Address: 6308 Meadow Lane, Chevy Chase, Md.

17. Cremation (Burial, cremation, or removal. Which?) Date thereof: Oct. 29, 1940 (month) (day) (year)

Cemetery or crematory: Fort Lincoln Crematory

Location: Wash.-Balto. Blvd. & District Line, Md.

18. Funeral director: W. Reuben Swanhart

Address: 7005 Wis. ave. Bethesda Md

19. Oct. 29 1940 (Date rec'd by registrar) B. C. Perry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 27 1940, at 5:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 2 1940, to Oct. 27 1940 and that I last saw her alive on Oct. 27 1940

Immediate cause of death	DURATION
Edema lungs,	
uremia; Chronic interstitial ne-	2 days
phritis; Duration: Unknown	
Due to: arteriosclerosis	20 years
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operation: None

Date of op.:

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: W. Robert Perkins M.D.
M. D. or other

Address: 1463 P. I. Ave. N.W. Wash. D.C. Date signed: 10/29/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 1 1940
BUMAU V.S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-C)

10751

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH:
County Montgomery
City or town Gaithersburg.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Gaithersburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) If VETERAN, NAME WAR —

3. (a) FULL NAME Emma Lee Gaither.

3. (b) Social Security Number None.

4. Sex: Female
5. Color or race: White
6. (a) ~~Single~~, ~~married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of husband or ~~wife~~ Vollie Gaither

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) August 16, 1866

8. AGE: Years 72 | Months 2 | Days 14 | If less than one day ____ hrs. ____ min.

9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Retired
11. Industry or business

FATHER
12. Name John R. Thompson.
13. Birthplace Maryland.

MOTHER
14. Maiden name Margaret A. Murphy.
15. Birthplace Maryland.

16. Informant Charles T Thompson.
Address Rockville, Md. R.F.D. #3.

17. Burial (Burial, ~~cremation~~, or ~~removal~~. Which?) Date thereof Nov. 1, 1940 (month) (day) (year)
Cemetery or ~~crematory~~ Mt Carmel, Sunshine, Md.
Location Sunshine, Maryland.

18. Funeral director Warner E. Pumphrey.
Address 8424. Ga. ave., Silver Spring, Md.

19. Oct. 31 1940 Alvada G. Cooke.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 30 1940, at 11 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 25 1940, to Oct 30 1940, and that I last saw ~~him~~ alive on Oct 29 1940.

Immediate cause of death	DURATION
Cerebral embolism	10-25-40
Due to Chronic heart disease	2 yr.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE F J Broschart M.D. M. D. or other
Address Gaithersburg Md Date signed 10-31-40

RECEIVED
NOV 6 1940
U. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10752

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 211

Village or City Germantown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred O yrs. O mos. O ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Stillborn John Gibbs If U. S. Veteran, specify WAR None

(a) Residence: No. Germantown, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, and year) October 25, 1940

7. AGE Years	Months	Days	If LESS than 1 day, — hrs. or — min.
Stillborn	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germantown Md.

FATHER

13. NAME Raymond Linwood Gibbs

14. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

MOTHER

15. MAIDEN NAME Lena Corinne Bailey

16. BIRTHPLACE (city or town) (State or country) Germantown Md.

17. INFORMANT (Address) Lena Corinne Bailey Germantown, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Bogd, Md. Date Oct 26, 1940

19. UNDERTAKER (Address) Family Germantown Md.

20. FILED Oct 25, 1940 W E Lee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October 25, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ on October 25, 1940, ~~to~~ , 19

I ~~last~~ saw him ~~alive on~~ Stillborn, 19; death is said to have occurred on the date stated above, at 8.00 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage — intrauterine	unknown

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Geo D Selby M. D.

(Address) Dawsonville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (99)

10753

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:

County: Montgomery County

City or town: Friendship Heights, Bethesda.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 328 High Street

Stay in hospital or inst. (yrs., or mos., or days): ------

Stay in this community (yrs., or mos., or days): 10 plus

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Friendship Hghts, Bethesda, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 528 High Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: ELEANOR BLANCHE GIBSON

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: James Gibson

6(c) If alive, give age: Dead years

7. Birth date of deceased (mo., day, yr.): May 1, 1875

8. AGE: Years: 65 Months: 5 Days: 9 If less than one day: ____ hrs. ____ min.

9. Birthplace: Port Royal, Virginia
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: none

FATHER
12. Name: Frank Noel
13. Birthplace: Virginia

MOTHER
14. Maiden name: Ellen Wright
15. Birthplace: Virginia

16. Informant: Robert Gibson
Address: 328 High Street, Bethesda, Md.

17. Removal (Burial, cremation, or removal. Which?) Date thereof: October 9, 1940 (month) (day) (year)

Cemetery or crematory: Glenwood Cemetery

Location: Washington, D.C.

18. Funeral director: Martin W. Hysong Co.

Address: 1300 N Street Northwest, Wash. D.C.

19. Oct 9th 1940 (Date rec'd by registrar) B. C. Perry, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 9, 1940, at 9:00 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 3 1940, to Oct. 9 1940, and that I last saw her alive on Oct. 9, 1940.

Immediate cause of death: arteriosclerosis

Due to

Due to

Other conditions: Thrombosis of femoral artery (left)
(Include pregnancy within 3 months of death)

Major findings:
Of operations: none

Of autopsy: none. (not done)

DURATION: Indefinite

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: A. B. Pettie, M.D. M. D. or other

Address: 6911 5th st. nw. Date signed: Oct. 9/40.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 4 1940
U. S.

10754

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (163-B)

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:

County Montgomery

City or town Silver Spring

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 800 Philadelphia ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 4 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Silver Spring Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 800 Philadelphia ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3.(a) FULL NAME Mrs Mary A Gingell

3.(b) Social Security Number None

4. Sex F

5. Color or race W

6.(a) Single, married, widowed, or divorced M.

6 (b) Name of husband or wife Mark.

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 29. 1883

8. AGE: Years 57 Months 6 Days 16 If less than one day hrs. min.

9. Birthplace Wash. D.C. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name John W. Walker

13. Birthplace Wash DC.

MOTHER 14. Maiden name Mary A. Groves

15. Birthplace Wash. DC.

16. Informant James F Walker

Address 327 P. St NW. Wash DC.

17. Cremation (Burial, cremation, or removal. Which?) Date thereof Oct. 16 1940 (month) (day) (year)

Cemetery or crematory Fort Lincoln

Location Lutland Md

18. Funeral director The S.H. Hines Co.

Address 2901 - 14th St - NW.

19. Oct. 15 1940 (Date rec'd by registrar) Sallie B. Liling Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 15 1940, at 430 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Coroner Case 19 19

and that I last saw h alive on 19

Immediate cause of death Poison from Overdose of Theobromin & Pheno-barbital tablets

DURATION

Due to Phenobarbital

Due to theobromin

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Suicide Date of 10/13/40

Where did injury occur? Silver Spr Montgomery Md (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) None

Means of injury Poison Injured at work? No

23. SIGNATURE C. E. Hawks Deputy Medical Ex of Montgomery Co M. D. or other

Address Rockville Md Date signed 10/15/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CEIVED
NOV 7 1940
BUREAU V. S.

Mary A. Gingell.

I talked with Mrs. Louise Kline,
of 800 Philadelphia Ave
daughter of deceased. She
said #6 - Name of husband
was unknown to her and
she knew of no one who
might know it.

M. C. Trenearne.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10755

Reg. Dist. No. 218

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Montgomery

City or town Near Laytonsville Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Near Laytonsville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Hannetta England Griffith

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband or wife Ulysses Griffith

6(c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) July 29 1871

8. AGE:

Years	Months	Days	If less than one day
69	2	11	hrs. min.

9. Birthplace Rockville, Montgomery Co Md

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name John "G" England

13. Birthplace Rockville Montgomery Co Md

MOTHER

14. Maiden name Anna Lucinda Griffith

15. Birthplace Laytonsville Md

16. Informant Annie E Griffith

Address Baltimore Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 11 1940 (month) (day) (year)

Cemetery or ~~crematory~~ Forest Md

Location Near Laytonsville Md

18. Funeral director Roy W Barber

Address Laytonsville Md

19. 10/11/40 (Date rec'd by registrar) 19 L. D. Bell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 9 1940, at 8:20 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 26 1940 to Oct 9 1940, and that I last saw him alive on Oct 7 1940.

	DURATION
Immediate cause of death Paralysis	6 wks
Due to Cerebral Hemorrhage	
Due to	
Other conditions Hypertension and Arteriosclerosis	Unknown

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Kinmon H Dyson M D

M. D. or other

Address Laytonsville Date signed Oct 9/40

RECEIVED
NOV 6 1940
BUREAU V. S.

Twin #1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

10756

Reg. Dist. No. 217

1. PLACE OF DEATH:

County Montgomery

City or town Olney Maryland

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

The Montgomery County General Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Derwood, Md. R#1 Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Redland -

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Grimes

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	—

B (b) Name of husband or wife —

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 16, 1940

8. AGE: Years Still-born Months Days If less than one day — hrs. — min.

9. Birthplace Olney, Montgomery Co. Md.
(Town, County, and state)

10. Usual occupation Infant -

11. Industry or business

FATHER 12. Name Ernest Wilson Grimes

13. Birthplace Clarksburg, Md.

MOTHER 14. Maiden name Mary Somerville Robertson

15. Birthplace Gaboy Md.

16. Informant Hospital records

Address

17. Cremation (Burial, cremation, or removal. Which?) Date thereof Oct 16, 1940 (month) (day) (year)

Cemetery or crematory The Monty Co Gen Hosp.

Location Olney, Md.

18. Funeral director Hospital

Address Olney, Md.

19. Oct. 16 1940 (Date rec'd by registrar) Gertrude K. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 16 1940, at 7 50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Still-born 19 to 19,

and that I last saw h alive on 19.

	DURATION
Immediate cause of death	
Due to Premature 4 mts.	
Due to	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work? —

23. SIGNATURE [signature] M. D. or other

Address Sandy Spring, Md Date signed 10/16/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
NOV 6 1940
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

Twin #2

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

10757

Reg. Dist. No. 217

1. PLACE OF DEATH:
County Montgomery County
City or town Olney, Maryland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: The Montgomery County General Hospital
Stay in hospital or Inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Derwood R#1 Ward No. —
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Redland
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Grimes

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: —
6 (b) Name of husband or wife: —
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.): October 16, 1940
8. AGE: Years | Months | Days | If less than one day: Still-born hrs. min.
9. Birthplace: Montg. Co. Maryland (Town, county, and state)
10. Usual occupation: Infant
11. Industry or business: —

FATHER
12. Name: Ernest Wilson Grimes
13. Birthplace: Clarksburg, Md

MOTHER
14. Maiden name: Mary Somerville Robertson
15. Birthplace: Goshen, Md.

16. Informant: Hospital records
Address

17. Cremation (Burial, cremation, or removal. Which?) Date thereof Oct. 16, 1940 (month) (day) (year)
Cemetery or crematory: The Montg. Co. Gen'l Hosp.
Location: Olney, Md.
18. Funeral director: Hospital
Address: Olney, Md.
19. Oct. 16 1940 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 16 1940, at 8.25 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Still-born 19—, 19—, and that I last saw h— alive on — 19—.

	DURATION
Immediate cause of death: Premature 4 mts-	
Due to —	
Due to —	
Other conditions —	

(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy no.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work?

23. SIGNATURE J. B. [illegible] M. D. or other
Address Sandy Spring, Md Date signed 10/16/40

RECEIVED
NOV 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10758

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (176-a)

County Montgomery Registration Dist. No. 223-

Village or City Takoma Park No. Washington Sanitarium Hosp St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 3 yrs. 3 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Bessie Ingels

(a) Residence: No. 305 W. 14th St. St., Ward Marion, Indiana

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr J. M. Ingels (deceased)

6. DATE OF BIRTH (month, day, and year) April 30, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. None

10. Date deceased last worked at this occupation (month and year) ?

11. Totel time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) Tokomo (State or country) Indiana

FATHER

13. NAME Henry McNott

14. BIRTHPLACE (city or town) ? (State or country) ?

MOTHER

15. MAIDEN NAME Matilda Bates

16. BIRTHPLACE (city or town) ? (State or country) Indiana

17. INFORMANT Washington Sanitarium Records (Address) Takoma Park, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Marion, Indiana Date Oct. 28, 1940

19. UNDERTAKER J. Arthur Walters (Address) 254 Carroll St. Takoma Park, D.C.

20. FILED Oct 26, 1940 J. Fulton Wood Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct. (Month) 26 (Day) 1940 (Yeer)

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1940 to Oct 26, 1940

I last saw h-- elive on Oct 26, 1940; death is said to have occurred on the date stated above, at 9 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Peri-renal abscess	?
Cystitis	
Chr. ulcerative Cystitis	
Arteriosclerosis	

Other Contributory Causes of importance:

Fracture Neck of Left femur; due to an accidental fall. Did not heal. Fell, in her back yard.	2 yrs

Name of operation Fehlmans Reconstruction Date of 9/4/40

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Aug. 29, 1938

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. was standing in her back yard.

Manner of injury Accidental fall

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Robert A. Fare M. D.

(Address) Takoma Park, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED NOV 4 1940 BUREAU OF

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-c)

CERTIFICATE OF DEATH

10759

Reg. Dist. No. 217

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County Montgomery

City or town Olney, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: The Montg. Co. General Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Rockville, Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Seth Thomas Jones

3. (b) Social Security Number 237-20-9826

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Bessie Jones

B(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 14 1911

8. AGE:

Years	Months	Days	If less than one day
29	6	7	hrs. min.

9. Birthplace Wake County, N.C.
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Linde Jones
13. Birthplace North Carolina

MOTHER
14. Maiden name Mary Hall
15. Birthplace North Carolina

16. Informant Hospital records
Address Olney, Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof Oct 25, 1940 (month) (day) (year)

Cemetery or crematory County Home

Location Rockville, Md

18. Funeral director Robert L. Snowden

Address 246 N. Washington St. Rockville, Md

19. Oct 24 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 22 1940, at 11:45 am

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Coroner Case 19 to 19, and that I last saw h alive on 19.

Immediate cause of death	DURATION
Fracture of base of skull, Fracture of Superior Maxillar Fracture of Mandible & Shock	
Due to	
Due to	
Other conditions Extensive lacerations on right side of head	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes fill in the following:

Accident, suicide, or homicide Accident Date of 10/21/40

Where did injury occur? Gaithersburg Montgomery Md
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Highway

Means of injury Auto accident Injured at work? No

23. SIGNATURE C. E. Hawkins Deputy Medical Examiner M. D. or other

Address Rockville Md Date signed 10/22/40

RECEIVED
NOV 6 1940
U. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10760

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (51-B)

County Montgomery Registration Dist. No. 214

Village or City Kensington, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where daath occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME George Silas KROUSE If U. S. Veteran, specify WAR

(a) Residence: No. Kensington, Md St., Ward. Social Security: None

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	White	Widowed

5a. If married, widowed, or divorcad
HUSBAND of ~~(or) WIFE of~~ Elda V. Krouse

6. DATE OF BIRTH (month, day, and year) April 23, 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	5	27	

OCCUPATION

8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. Retired Printer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.

10. Data deceasad last workad at this occupation (month and yaar)

11. Total time (yeers) spant in this occupation

12. BIRTHPLACE (city or town) Cavetown (Stata or country) Md.

FATHER

13. NAME George Silas Krouse

14. BIRTHPLACE (city or town) Cavetown (Stata or country) Md.

MOTHER

15. MAIDEN NAME ——— Witters

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Francis W. Krouse (Address) Kensington, Md.

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Emmitsburg, Md. Data Oct. 22, 1940

19. UNDERTAKER Waxnax E. Pumphrey (Address) Silver Spring, Md.

20. FILED Oct. 21, 1940 Margaret C. Treweeke Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 20 (Day), 1940 (Yeer)

22. I HEREBY CERTIFY, That I attendad dacaased from Sept 30, 1940, to Oct 20, 1940

I last saw h im alive on Oct 19, 1940; deeth is said to hava occurrad on the date stated abova, at 8:57 Am.

The **PRINCIPAL CAUSE OF DEATH** and ralated causas of importance ware as follows:

	Date of onset
Carcinoma of prostate	?
Nonspecific Cystitis	9/25/40
Uremia	10/13/40

Other **Contributory Causes** of importance:

General arteriosclerosis	?

Neme of operetion none Date of

What test confirmed diegnosis? Physical exam Was there an au'opsy? Yes

23. If deeth was duo to extarnal causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disaase or Injury in eny way ralatad to occupation of deceased? No

If so, specify

(Signad) J. Watkins Cadby M. D.

(Address) Kensington, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

10761

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:

County: Montgomery

City or town: 304 Lincoln St., Bethesda, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 1 Year

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Bethesda Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 304 Lincoln Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: World War

3. (a) FULL NAME: Mark Nivison Linch

3. (b) Social Security Number: 577-14-7668

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Elda Pearl Linch

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): January 16, 1895

8. AGE: Years	Months	Days	If less than one day
45	9	8	____ hrs. ____ min.

9. Birthplace: Pennsylvania
(Town, county, and state)

10. Usual occupation: Medical Technician, Columbia Hospital

11. Industry or business

FATHER
12. Name: Calvin E. Linch
13. Birthplace: Salem Co. N.J.

MOTHER
14. Maiden name: Mary Schwint
15. Birthplace: Wrightsville, Pa

16. Informant: Mrs. Eleanor Wilson

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 26, 1940 (mouth) (day) (year)

Cemetery or crematory: Arlington National Cemetery

Location: Arlington Cemetery

18. Funeral director: Wm Reuben Pumphrey

Address: 7005 Wis Ave Bethesda Md

19. Oct. 26 1940 (Date rec'd by registrar) B. C. Perry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 24 1940, at 1:24 am

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Coroner Case 19__ to 19__, and that I last saw h__elive on 19__.

Immediate cause of death: Coronary Thrombosis

Due to: Chronic Myocarditis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: C. E. Hawks Deputy Medical Ex. Montgomery Co. M.D. or other

Address: Rockville Md Date signed: 10/24/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

RECEIVED
OCT 31 1940
BUREAU V. S.

10762

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(181)

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH:

County: Montgomery

City or town: Takoma Park, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 32 hrs.

Hospital, institution, or street address where death occurred: Washington Sanitarium & Hospital

How long in hospital or institution? 32 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Prince George

City or town: Hyattsville, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 18 Tonner Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Mary Catherine Mealy

3.(b) Social Security Number:

4. Sex: Female

5. Color or race: white

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept. 19, 1937

8. AGE: Years: 3 Months: # Days: 25 If less than one day: hrs. min.

9. Birthplace: Takoma Park, Md.
(Town, county, and state)

10. Usual occupation: Child.

11. Industry or business:

FATHER
12. Name: Mr. John P. Mealy
13. Birthplace: Washington, D.C.

MOTHER
14. Maiden name: Catherine C. Fitzpatrick
15. Birthplace: Washington, D.C.

16. Informant: Washington San. & Hosp. Records
Address: Takoma Pk, Md.

17. Removal (Burial, cremation, or removal. Which?) Date thereof: 10-15-40 (month) (day) (year)

Cemetery or crematory:

Location: Bladensburg, Md

16. Funeral director: F. Gasch's Sons
Address: Hyattsville, Md.

19 Oct. 15 1940 (Date rec'd by registrar) J. Holmes Dodd Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 15 1940 at 4:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Corner Case 19 to 19 and that I last saw him alive on 19

Immediate cause of death: First & second degree burns over posterior portion of body

Due to: 3rd degree burn over left arm & chest extending to hip

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: accident Date of: Oct 13-40

Where did injury occur? Hyatsville (City or town) Prince George (County) Md (State)

Injured at home, farm, industry, public place (where?): Home

Means of injury: Burns Injured at work?

23. SIGNATURE: C. E. Hawkes Deputy Medical Ex. Montg. Co. M. D. or other

Address: Rockville Md Date signed: 10/15/40

VS A15 (T) MARGIN RESERVED FOR BINDING (M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 17 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10763

1. PLACE OF DEATH (160-2)

County Montgomery Registration Dist. No. 223

Village or City Takoma Park Md No. Wash San & Hosp St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 1 ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Emily Ann Miller

(a) Residence: No. 512 Whittier St., NW Ward. Washington, D.C.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 10/4/40

7. AGE Years | Months | Days | If LESS than 1 day 3 hrs. or 50 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Takoma Park Md

FATHER

13. NAME Jasper Clinton Miller

14. BIRTHPLACE (city or town) (State or country) Bristol Tenn.

MOTHER

15. MAIDEN NAME Phyllis Jean Kelly.

16. BIRTHPLACE (city or town) (State or country) Paris Valley Oklahoma

17. INFORMANT (Address) Washington San. Records Takoma Park Md

18. BURIAL, CREMATION, OR REMOVAL Place Hartsville, Md Date 10-5, 1940

19. UNDERTAKER (Address) F. Gasch's Sons Hyattsville Md.

20. FILED Oct. 5, 1940 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 10 (Month) / 4 (Day) / 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 10/4, 1940, to 10/4, 1940

I last saw her alive on 10/4, 1940; death is said to have occurred on the date stated above, at 10:05 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Premature

Date of onset

Other Contributory Causes of importance:

Miscarriage 6 mos — due to Abnormality of Placenta

Name of operation ___ Date of ___

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ___

(Signed) Howard T. Moody M. D.

(Address) 28 Carroll Ave Takoma Park Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186a)

10764

CERTIFICATE OF DEATH

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Montgomery
City or town: Mt. Olney Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Mont Co. Gen. Hosp.
Stay in hospital or insl. (yrs., or mos., or days): 6 days
Stay in this community (yrs., or mos., or days): 6 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: P. George
City or town: Laurel Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 144 Lafayette Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: Unknown

3. (a) FULL NAME: John Muzum

3. (b) Social Security Number: unknown

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife: Myrtle Muzum
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Mar 29-1867

8. AGE: Years	Months	Days	If less than one day
73	8	20	____ hrs. ____ min.

9. Birthplace: Grafton W. Va.
(Town, county, and state)
10. Usual occupation: Unknown School teacher
11. Industry or business: Unknown Retired
FATHER 12. Name: E. S. Muzum
13. Birthplace: W. Va.
MOTHER 14. Maiden name: Jane Camp
15. Birthplace: W. Va.
16. Informant: Hosp. Records
Address: Olney, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 31, 1940 (month) (day) (year)
Cemetery or crematory: Family Cem.
Location: Fairview, P. Co.
18. Funeral director: Meredith Arnaldson
Address: Laurel Md.
19. Oct 29 1940 (Date rec'd by registrar) Gertrude B. Lawler Registrar

Revised

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 28- 1940 at 7:40 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Oct 22- 1940 to Oct 28- 1940 and that I last saw h- alive on Oct. 28 1940.

	DURATION
Immediate cause of death: Uremia	6 days
Due to: Bronchopneumonia	6 days
Due to: accidental fall causing broken ribs-	10 days
Other conditions: —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes fill in the following:
Accident, suicide, or homicide: accident Date of: 10/15/40
Where did injury occur? Laurel (City or town) P. Geo. (County) Md. (State)
Injured at home, farm, industry, public place (where?): home
Means of injury: fell Injured at work? no

23. SIGNATURE: Chas. E. Tumbleson M.D. M. D. or other
Address: Sandy Spring Md. Date signed: 10/28/40

RECEIVED
NOV 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (4-8)

CERTIFICATE OF DEATH

10765

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County Montgomery
City or town Bethesda
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: River Road
Stay in hospital or Insf. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 1 yr. 5mo.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Bethesda Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. River Road
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Samuel Jas. Parks

3. (b) Social Security Number no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Elizabeth E. Parks
6(c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) Aug. 1/63

8. AGE: Years	Months	Days	If less than one day
77	1	23	hrs. min.

9. Birthplace Scotland
(Town, county, and state)
10. Usual occupation Proprietor (Retired)
11. Industry or business Market

FATHER
12. Name Fredrick Parks
13. Birthplace London, England

MOTHER
14. Maiden name Annie M. Pitt
15. Birthplace London, England

16. Informant Elizabeth E. Parks
Address River Road Bethesda, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10-26-40 (month) (day) (year)
Cemetery or crematory Rock Creek Cemetery
Location Washington, D. C.

18. Funeral director Francis J. Collins
Address 3821 14th. St. N.W. Wash. D.C.

19. Oct 24th 1940 (Date rec'd by registrar) B C Perry, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 24 1940, at 1.15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 18 1940 to Oct 24 1940, and that I last saw him alive on Oct 23 1940

Immediate cause of death	DURATION
Acute Cystitis following Metastatic	8 days
Due to Carcenoma of Sigmoid.	7 years
Due to	
Other conditions None of note	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Caecostomy at Emergency Hospital about 6 yrs ago
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Paul C. Van Natta M. D. or other
Address Bowmans D.C. R#1 Date signed Oct 24 1940.

RECEIVED
NOV 4 1940
BUREAU V. S.

6945 Wine Cmte

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-B)

CERTIFICATE OF DEATH

10766

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Montgomery

City or town: Wilson Lane, Bethesda, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Bethesda Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Wilson Lane
(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: John Ninian Perry

3. (b) Social Security Number: 212-145-155

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Gertrude Ruth Perry

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): April 24, 1883

8. AGE:

Years	Months	Days	If less than one day
57	5	15	____ hrs. ____ min.

9. Birthplace: Montgomery County, Maryland
(Town, county, and state)

10. Usual occupation: Employed Country Club

11. Industry or business

FATHER
12. Name: Ninian McGruder Perry
13. Birthplace: Montgomery County, Maryland

MOTHER
14. Maiden name: Hannah Daley
15. Birthplace: Maryland

16. Informant: Mrs. Gertrude Ruth Perry
Address: Wilson Lane, Bethesda, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 11, 1940 (month) (day) (year)

Cemetery or crematory: Potomac Church Cemetery

Location: Potomac, Maryland

18. Funeral director: Wm. Trueman Dunphrey

Address: 7005 - Wis. Ave - Bethesda Md

19. Oct. 10 1940 (Date rec'd by registrar) B. C. Perry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 9th 1940, at 3.20 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 6th 1940, to Oct. 9th 1940, and that I last saw him alive on Oct. 8th, 1940.

Immediate cause of death	DURATION
Carcinoma of the stomach.	2 years
Due to —	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury — Injured at work?

23. SIGNATURE: A. Wheeler D. Huff M. D. or other

Address: Bethesda, Md. Date signed: 10-9-40

RECEIVED
NOV 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10767

Reg. Dist. No. 214

1. PLACE OF DEATH:

County: Montgomery County

City or town: Silver Spring

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cedarcroft Sanitorium

Stay in hospital or inst. (yrs., or mos., or days) (6) 6 days

Stay in this community (yrs., or mos., or days) (6) 6 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: D. C. County:

City or town: Washington Ward No. —

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Charles R. Ready

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: —

6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Aug. 29, 1902

8. AGE: Years 38 | Months 1 | Days 18 | If less than one day ___ hrs. ___ min.

9. Birthplace: Richmond, Va. (Town, county, and state)

10. Usual occupation: Salesman

11. Industry or business:

FATHER 12. Name: Unknown

13. Birthplace:

MOTHER 14. Maiden name: Unknown

15. Birthplace:

16. Informant: Doctors Records

Address: 4500-16 St. N.W.

17. burial (Burial, cremation, or removal. Which?) Date thereof: Oct 19, 1940 (month) (day) (year)

Cemetery or crematory:

Location: Richmond, Va

18. Funeral director: Martin W. Hysong Co.

Address: 1300-N. St. N.W.

19. Oct. 17 1940 (Date rec'd by registrar) Sallie B. Luling Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 10/17/40 — 19___, at ___ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10/8/40 19___ to ___ 19___, and that I last saw him alive on 10/11/40 19___.

Immediate cause of death: Acute Cardiac Dilatation — Delirium Tremens

Due to: Exhaustion Alcohol

Due to:

Other conditions: Pulmonary Tuberculosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION: 1 da; 3

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: James A. O'Keeffe James A. O'Keeffe M.D. M. D. or other

Address: 4500-16-N.W. Wash. D.C. Date signed: 10/17/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 7 1940
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (S)

10768

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
County Montgomery
City or town Olney, Maryland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: The Montgomery County General Hospital
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Gaithersburg, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Laytonsville R.F.D.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Riggs

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col	—

6 (b) Name of husband or wife —
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) October 19, 1940

8. AGE: Years	Months	Days	If less than one day
Still-born			hrs. min.

9. Birthplace Olney, Montgomery Co. Md.
(Town, county and state)
10. Usual occupation Infant.
11. Industry or business

FATHER
12. Name Marcellaus Riggs
13. Birthplace Washington, D.C.

MOTHER
14. Maiden name Lillie Mae Johnson
15. Birthplace Hollands Corner, Md

16. Informant Hospital Records.
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 21, 1940 (month) (day) (year)
Cemetery or crematory Brooke Grove
Location Laytonsville
18. Funeral director Roy W. Barber
Address Laytonsville, Md

19 Oct. 20 1940 Gertrude B. Lawler
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 19 1940, at — M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Still-born 19 to 19,
and that I last saw h alive on 19.

Immediate cause of death	DURATION
Due to unknown.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work? —

23. SIGNATURE [signature]
M. D. or other
Address Sandy Spring, Md Date signed 10/19/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 6 1940
BUREAU V. S.

10769

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (44-b)

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:

County: Montgomery

City or town: Greenwich Forest, Bethesda, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 5 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Greenwich Forest, Bethesda Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 7200 Overhill Road
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Oscar W. Shumate

3. (b) Social Security Number: 577-07-1056

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Winifred Shumate

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): January 9, 1872

8. AGE: Years 68 | Months 9 | Days 2 | If less than one day ____ hrs. ____ min.

9. Birthplace: Warrenton, Virginia
(Town, county, and state)

10. Usual occupation: Salesman

11. Industry or business:

FATHER
12. Name: John Shumate
13. Birthplace: Virginia

MOTHER
14. Maiden name: Unknown Walker
15. Birthplace: Unknown

16. Informant: Mrs. Winifred Shumate

Address: 7200 Overhill Rd., Greenwich Forest, Bethesda, Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof: Oct 13-1940 (month) (day) (year)

Cemetery or crematory: Nat. Memorial Park

Location: On Lee Highway in Virginia Arlington Co.

18. Funeral director: W Reuben Pumphrey

Address: 7005 Wis Ave Bethesda Md

19. Oct. 13th 1940 (Date rec'd by registrar) B. C. Perry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 11 1940, at 4:15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 1938, to Oct 11 1940, and that I last saw him alive on Oct 11 1940.

Immediate cause of death: Hodgkins Disease — DURATION: 2-3 yrs

Due to: Cardio Vascular Collapse premises — Fundays

Due to: attack of Coronary thrombosis

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none.
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Harry McKaufman M.D. M. D. or other

Address: The Burlington Hotel Washington D.C. Date signed: Oct 11/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 4 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-B)

10770

CERTIFICATE OF DEATH

Reg. Dist. No. 212

1. PLACE OF DEATH:
County Montgomery
City or town Boyd - R.F.D.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or Inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 53 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Mont
City or town Boyd Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Virginia M. Soper

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife James M. Soper
6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) 1887 - ?

8. AGE:

Years	Months	Days	If less than one day
53	-	-	hrs. min.

9. Birthplace Boyd, Montg. Md.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Nathan Keith
13. Birthplace Maryland
MOTHER 14. Maiden name Virginia Nicholson
15. Birthplace Maryland
16. Informant James Soper
Address Boyd - R.F.D. Md.
17. Buried (Burial, cremation, or removal. Which?) Date thereof Nov 2/40 (month) (day) (year)
Cemetery or crematory Monocacy
Location Barnesville
18. Funeral director William B. Hilleary
Address Barnesville, Md.
19. Nov 1/40 (Date rec'd by registrar) 19 Mrs C C Fields Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 30 1940, at 8 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1940, to Oct 30 1940, and that I last saw alive on Oct 30 1940

Immediate cause of death	DURATION
Carcinoma of Stomach	4 mo
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE E W White M. D. or other
Address Barnesville Md Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(94a)

10771

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County MONTGOMERY

City or town CHEVY CHASE
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
5800 - CONN. AVE.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 31 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State MARYLAND County MONTGOMERY

City or town CHEVY CHASE Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 5800 - CONN. AVE
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR Spanish American WAR

3. (a) FULL NAME (MacLellan) HUGH McLELLAN SOUTHGATE

3. (b) Social Security Number 579-10-4309

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Alice McLaren Southgate

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept. 3, 1870

8. AGE:

Years	Months	Days	If less than one day
70	1	20	____ hrs. ____ min.

9. Birthplace St. John's River, Vermont
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business Westinghouse Elec.,

FATHER
12. Name Charles MacLellan Southgate
13. Birthplace Monroe, Michigan

MOTHER
14. Maiden name Virginia Anderson
15. Birthplace Woodstock, Vermont

16. Informant Stuart L. Southgate

Address 79 Hawthorne Ave., Auburndale, Mass.

17. Oct. 25, 1940 Date thereof Oct. 25, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Removal

Cemetery or crematory Woodstock Cemetery

Location Woodstock, Vermont

18. Funeral director Joseph Gawler's Sons

Address 1756 Pa. Ave., N.W., Washington, D.C.

19. 10-24-1940 Thomas K. Conaty
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 23 1940, at 6:45 A.M.

21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from October 3 1940, to October 23 1940, and that I last saw him alive on October 23, 1940.

	DURATION
Immediate cause of death Congestive Heart Failure;	20 DAS.
Coronary Occlusion	2 HRS.
Due to General Arteriosclerosis Hypertension	3 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Sidney A. Conaway M. D.
M. D. or other

Address 3921 Ingomar St. Date signed 10/24/40

RECEIVED
NOV 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

10772

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:

County Montgomery

City or town #10 Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Montgo

City or town #10. Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Sylvestis Stewart

3. (b) Social Security Number None

4. Sex male

5. Color or race colored

6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1862

8. AGE: Years 78 | Months | Days | If less than one day hrs. min.

9. Birthplace Scotland Md. (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Beacon Steward

13. Birthplace Scotland Md

MOTHER 14. Maiden name Emma Timbers

15. Birthplace Scotland, Md.

16. Informant David Butler

Address Cabin Johns, Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof Oct. 9, 1940 (month) (day) (year)

Cemetery or crematory Mt. Glory.

Location Cloppley Md.

18. Funeral director Robert L. Snowden

Address Rockville, Md.

19. Oct. 8th 1940 (Date rec'd by registrar) B. C. Perry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 5 1940, at 7:15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Coroner Case 19 , to 19

and that I last saw him alive on 19

Immediate cause of death Coronary Occlusion

Due to Arterio Sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE O. E. Hawkins Deputy Medical Exp. Mont. M. D. or other

Address Rockville Md Date signed 10/14/40

VS A15 (T) MARGIN RESERVED FOR BINDING (M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 4 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (47-C)

10773

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:

County: Momtgomery

City or town: Bethesda
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 119 Southwick Street

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: 119 Southwick St., Bethesda Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 119 Southwick Street
(If rural give LOCATION)

2(a) IF YETERAN, NAME WAR

3. (a) FULL NAME: LEWIS ERNEST TALBERT

3. (b) Social Security Number: 578-01-6238

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife: Alma E. Talbert

Age unknown

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): November 14, 1886

8. AGE:	Years	Months	Days	If less than one day
53	53	11	5	____ hrs. ____ min.

9. Birthplace: Washington, D. C.
(Town, county, and state)

10. Usual occupation: Retired

11. Industry or business

FATHER
12. Name: Daniel C. Talbert
13. Birthplace: Washington, D.C.

MOTHER
14. Maiden name: Octavia Skidmore
15. Birthplace: Washington, D.C.

18. Informant: Mrs. Alma E. Talbert

Address: 119 Southwick St., Bethesda, Md.

17. Cremation (Burial, cremation, or removal. Which?) Date thereof: Oct. 22, 1940 (month) (day) (year)

Cemetery or crematory: Cedar Hill Cemetery

Location: Suitland Maryland

18. Funeral director: Wm Reuben Pumphrey

Address: 7005 Wis Ave Bethesda Md

19. Oct 21st 1940 (Date rec'd by registrar) B. C. Perry, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 19, 1940, at 11:30 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 12, 1934, to Oct. 19, 1940, and that I last saw him alive on October 12, 1940.

Immediate cause of death	DURATION
Bronchogenic carcinoma	4 years
Due to	
Due to	
Other conditions: Cardiac decompensation	1 year

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

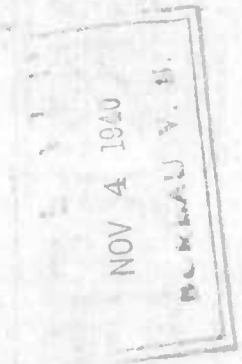
Means of injury ____ Injured at work?

23. SIGNATURE: Sidney C. Cummins M.D.
M. D. or other

Address: 3921 Ingomar St., N.W. Washington, D.C. Date signed

NOV 4 1940
BUREAU V. S.

U301
Forest Farm.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10774

Reg. Dist. No. 214

1. PLACE OF DEATH:

County Montgomery

City or town Silver Spring

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State County

City or town Unknown Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Unknown Foetus

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months Unknown | Days | If less than one day hrs. min.

8. Birthplace MD (Town, county, and State)

10. Usual occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 5, 1940 (month) (day) (year)

Cemetery or crematory County Cemetery

Location Rockville, Md.

18. Funeral director Warner E. Pumphrey

Address Silver Spring, Md.

19. Oct 5 1940 (Date rec'd by registrar) Sally B. Leibig Registrar Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH Found between 5 & 6 o'clock 19 , at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 4 19 , to 19 40, and that I last saw h alive on 19 .

Immediate cause of death Stillborn foetus about five months

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. E. Hawks Deputy Medical Examiner M. D. or Coroner

Address Rockville Md Date signed 10/4/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 7 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-F)

10775

CERTIFICATE OF DEATH

Reg. Diat. No. 216

1. PLACE OF DEATH:

County: Montgomery

City or town: 241 Melrose Ave., Bethesda, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 10 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Bethesda Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 241 Melrose Avenue
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Charles Tokeo Usuda

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Japanese	Single

6 (b) Name of husband or wife: None

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): September 17, 1919

8. AGE: Years	Months	Days	If less than one day
21	1	1	hrs. min.

9. Birthplace: Washington, D.C.
(Town, county, and state)

10. Usual occupation: Clerk Gov. Printing Office

11. Industry or business

FATHER
12. Name: Karlo Y. Usuda
13. Birthplace: Japan

MOTHER
14. Maiden name: Minnie Robinson
15. Birthplace: Bonin Island, Pacific Ocean

16. Informant: Mr. Karlo Y. Usuda
Address: 241 Melrose Ave., Bethesda, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 21, 1940 (month) (day) (year)

Cemetery or crematory: Rockville Cemetery

Location: Rockville Maryland

18. Funeral director: Wm. Rawlen Pumphrey

Address: Bethesda — Maryland

19. Oct. 19, 1940 (Date rec'd by registrar) B. E. Perry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 18 1940, at 12:10 a M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Sept. 3 1940, to Oct. 18 1940, and that I last saw him alive on Oct. 15 1940.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: J. Winthrop Peabody M.D.
M. D. or other

Address: 1746 K St. N.W. Wash. D.C. Date signed: Oct. 19, 1940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
NOV 4 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (112)

CERTIFICATE OF DEATH

10776

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Montgomery
City or town: Takoma Park Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 213 Albany Ave
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Montgomery
City or town: Takoma Park Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 213 Albany ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: William W. Van Arnum

3. (b) Social Security Number: none

4. Sex: M
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary M. Van Arnum
6(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Sept 22, 1871
8. AGE: Years: 69 Months: Days: 22 If less than one day: hrs. min.
9. Birthplace: Washington D.C. (Town, county, and state)
10. Usual occupation: Salesman
11. Industry or business: Retired
FATHER
12. Name: John W. Van Arnum
13. Birthplace: Wash D.C.
MOTHER
14. Maiden name: Catherine Moulden
15. Birthplace: Wash D.C.
16. Informant: Mary M. Van Arnum
Address: 213 Albany Ave Takoma Park
17. Removal (Burial, cremation, or removal. Which?) Date thereof Oct 14 1940 (month) (day) (year)
Cemetery or crematory: Washington
Location: D.C.
18. Funeral director: Deal Funeral Home
Address: 4812 Georgia Ave. N.W.
19. Oct. 14 1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 14 1940, at 8 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 15, 1940, to Oct. 14 1940 and that I last saw him alive on Oct. 14, 1940.

Immediate cause of death: Bronchial Asthma — DURATION: 4 hrs.
Due to:
Due to:
Other conditions: Congestive heart failure — 24 hrs.
(Include pregnancy within 3 months of death)
Major findings:
Of operations: —
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address: 6911 5th St. N.W. Wash. D.C. Date signed: Oct. 14/40

RECEIVED
NOV 4 1940
U. S. C.A.A. V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186)

10777

CERTIFICATE OF DEATH

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Montgomery

City or town Olney, Maryland

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: The Montgomery County General Hospital Inc.

Stay in hospital or inst. (yrs., or mos., or days) 19 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Silver Spring Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Carrie Warner

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	Colored	Widowed

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 16 1854

8. AGE:

Years	Months	Days	If less than one day
86	3	21	hrs. min.

9. Birthplace Gaithersburg, Montg. Co. Maryland

(Town, county, and state)

10. Usual occupation none

11. Industry or business —

FATHER

12. Name Henry Martin

13. Birthplace Gaithersburg, Md.

MOTHER

14. Maiden name Evelyn Brown

15. Birthplace Charles Co. Md

16. Informant Hospital records

Address

17. Buried (Burial, cremation, or removal. Which?) Date thereof Oct 11 1940 (month) (day) (year)

Cemetery or crematory Good Hope

Location Colesville Md

18. Funeral director Robert L. Knowles

Address Rockville Md

19. Oct. 9 1940 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 7 1940, at 6:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 18 1940, to October 7 1940, and that I last saw her alive on October 7 1940.

	DURATION
Immediate cause of death Hypostolic Pneumonia	7 days
Due to Fracture right femur	21 days
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 9/10/40

Where did injury occur? Silver Spring (City or town) Montg. (County) Md (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Fall in home. Injured at work? No

23. SIGNATURE [signature] M. D., or other

Address Sandy Spring, Md Date signed

RECEIVED
NOV 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-F)

CERTIFICATE OF DEATH

10778

Reg. Dist. No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Montgomery

City or town Chevy Chase

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 8- West Melrose St

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 29 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Chevy Chase Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 8- West Melrose

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR N.D.

3. (a) FULL NAME Elma Mitchell Garner

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

(b) Name of husband or wife Dr. Gardner F. Garner

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) September 11 - 1878

8. AGE:

Years	Months	Days	If less than one day
62	0	23	____ hrs. ____ min.

9. Birthplace Nashville - Tenn. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER 12. Name William Mitchell

FATHER 13. Birthplace Tenn.

MOTHER 14. Maiden name Elma Sprowell

MOTHER 15. Birthplace Georgia

16. Informant Dr. Gardner F. Garner

Address 8- W. Melrose St - Ch. Ch. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10-7-40 (month) (day) (year)

Cemetery or crematory Rock Creek DC

Location Washington D.C.

18. Funeral director Wm. Reuben Humphrey

Address 7005 - Wis. Ave - Bethesda Md.

19. 10-7- 1940 (Date rec'd by registrar) B. G. Perry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 4 1940, at 4.45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1939, to Oct. 4 1940, and that I last saw her alive on October 3rd 1940.

Immediate cause of death Carcinoma of Liver with general metastases — DURATION 18 mos

Due to ____

Due to ____

Other conditions ____

(Include pregnancy within 3 months of death)

Major findings:

Of operations No operation

Of autopsy No autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE G. C. Birdsall M.D. M. D. or other

Address 1832 - Kalorama Road Wash - D.C. Date signed 10/4/40

RECEIVED
NOV 4 1940
BUREAU V. S.

10779

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 223-

Village or City Takoma Park Md. No. 220 Willow Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Viola L Watt If U. S. Veteran, specify WAR

(a) Residence: No. Villisca, Iowa St., Ward. Iowa

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Roland W. Watt

6. DATE OF BIRTH (month, day, and year) Dec 3rd 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	79	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) ___ 11. Total time (years) spent in this occupation ___

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER

13. NAME Samuel Barton

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Ellen Barnard

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Raymond Watt (Address) 220 Willow Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Washington DC Date 10/11/40, 19

19. UNDERTAKER Joseph F. Birch's Sons (Address) 3034-Om St. N.W. - Wash. DC

20. FILED Oct. 11, 1940 J. Hamm Dodd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 11 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Coroner, 19___, to ___, 19___

I last saw h___ alive on Case, 19___; death is said to have occurred on the date stated above, at 8 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Coronary Thrombosis due to Cerebral hemorrhage

Date of onset

Other Contributory Causes of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of Injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ___

(Signed) C. E. Hawks Deputy Medical Dr. M. D.

(Address) Montgomery Rockville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED NOV 4 1940

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C) 10780

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:

County Montgomery

City or town Takoma Park

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington Sanitarium + Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State County

City or town Washington, D.C. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 7015 Blair Rd., N.W.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Henry Lee Waunk

3. (b) Social Security Number 217-14-7083 Unknown

4. Sex: male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: widower

6 (b) Name of ~~husband or~~ wife Elizabeth Waunk

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) —

8. AGE: Years 64 | Months — | Days — | If less than one day ____ hrs. ____ min.

9. Birthplace Pa. (Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business

FATHER

12. Name Unknown

13. Birthplace "

MOTHER

14. Maiden name "

15. Birthplace "

16. Informant Mrs. Margaret Streich

Address 614 Flower Ave., Takoma Park, Md.

17. Removal (Burial, cremation, or removal. Which?) Date thereof Oct. 23, 1940 (month) (day) (year)

Cemetery or crematory

Location Brookville, Pa

18. Funeral director Warner E. Pumphrey

Address Silver Spring, Md

19. Oct. 23 1940 (Date rec'd by registrar) J. Wm. Dodd Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 22 1940, at 11 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Corona case 19 to 19

and that I last saw h alive on 19

Immediate cause of death Hemorrhage into brain

DURATION

Due to Fracture of base of Skull Laceration from Postprior occipital region. also several lacerations about both knees.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Accident Date of 10/21/40

Where did injury occur? Silver Spring (City or town) Montgomery (County) Md (State)

Injured at home, farm, industry, public place (where?) Highway

Means of injury Auto accident Injured at work? No

23. SIGNATURE C. E. Hawks Deputy Medical Ex of Montgomery Co. M. D. or other

Address Rockville Md Date signed 10/22/40

VS A15 (T) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 4 1940
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73d)

CERTIFICATE OF DEATH

10781

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH.

County: Montgomery

City or town: Kensington

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 101 - Saul Road.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County:

City or town: Kensington. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 101 - Saul Road.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME John F. Weyrich.

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	W	Widowed.

6 (b) Name of ~~husband~~ or wife: Ella M. Weyrich.

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Nov. 9th 1850

8. AGE: Years	Months	Days	If less than one day
89	11	10	hrs. min.

9. Birthplace: Wash. D.C. (Town, county, and state)

10. Usual occupation: retired for 20 yrs. before that a bricklayer

11. Industry or business:

FATHER — 12. Name: Joseph Weyrich.

13. Birthplace: Germany.

MOTHER — 14. Maiden name: Unknown.

15. Birthplace:

16. Informant: R. Menefee

Address: 101 - Saul Road.

17. Removal (Burial, cremation, or removal. Which?) Date thereof Oct 20 - 1940 (month) (day) (year)

Cemetery or crematory: Rock Creek Cemetery

Location: Washington D.C.

18. Funeral director: T. F. Costello.

Address: 1722 N Cap. St. Wash. D.C.

19. Oct 21, 1940 (Date rec'd by registrar) B. C. Perry M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 20 1940, at 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 11 1940 to October 20 1940, and that I last saw him alive on October 20 1940.

Immediate cause of death	DURATION
Chronic Myocarditis	
Due to Senility - General arterio-sclerosis.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Elizabeth Sohon M.D. (M.D. or other)

Address: 1336 Vermont Ave. Date signed 10/30/40.

RECEIVED
NOV 4 1940
F. - CAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

10782

CERTIFICATE OF DEATH

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A16

1. PLACE OF DEATH
County Montgomery
City or town Olney
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: at Home
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 8 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery Co
City or town Olney Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME John Thomas Worthington

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M.	W	Widowed

6 (b) Name of ~~husband~~ or wife Ida M Worthington
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan 22 - 1868

8. AGE:

Years	Months	Days	If less than one day
72	8	14	____ hrs. ____ min.

9. Birthplace Md. (Town, county, and state)
10. Usual occupation District Water Dept
11. Industry or business Water
FATHER 12. Name Otis a Worthington
13. Birthplace Howard Co Md
MOTHER 14. Maiden name Elmer Dorsey
15. Birthplace Hoyarsville Co Md
16. Informant Mrs. Ida Hattonfr.
Address Brookville Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 8-1940 (month) (day) (year)
Cemetery or crematory St Johns Olney
Location Montgomery Co Md
18. Funeral director Roy W Barber
Address Olney Md
19. Oct 7 1940 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/6/ 1940, at 12:10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6/1/ 1940 to 10/6/ 1940 and that I last saw him alive on 10/6/ 1940

Immediate cause of death	DURATION
Coronary Thrombosis	1 day
Due to Arterial Sclerosis	9
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work? —

23. SIGNATURE J. M. B.
M. D. or other
Address Sandy Spring Md Date signed 10/6/40

RECEIVED
NOV 6 1940
U. S. BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10783

83-a CB

1. PLACE OF DEATH

County Montg Co Registration Dist. No. 218

Village or City Gaithersburg Md, No. Methodist Home St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 4 yrs. 3 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Virginia Wynkoop If U. S. Veteran, specify WAR

(a) Residence: No. Gaithersburg Md(City) St., Ward. Leesburg Va,
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of "

6. DATE OF BIRTH (month, day, and year) Dec 15th 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
1857	82	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House work

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. " "

10. Date deceased last worked at this occupation (month and year) "

11. Total time (years) spent in this occupation "

12. BIRTHPLACE (city or town) (State or country) Leesburg Va

FATHER

13. NAME Garret Wynkoop

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Lacey

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT (Address) Methodist Home, H M Wilson Gaithersburg Md

18. BURIAL, CREMATION, OR REMOVAL Place Lake View Cemetary Hamilton Va, Date Oct 12 1940

19. UNDERTAKER (Address) Ernest C Gartner Gaithersburg Md

20. FILED Oct. 10, 1940 Alsuda G. Cooke Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 9 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct. 7, 1940, to Oct 9, 1940

I last saw her alive on Oct 9, 1940; death is said to have occurred on the date stated above, at 1:00 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Oct 7, 1940.

Other Contributory Causes of Importance:

Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Esther F. Kuhn M. D.

(Address) Rockville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebrol hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN